

**Subject:** Outpatient Urine Culture  
**Guideline #:** CG-LAB-24  
**Status:** New

**Publish Date:**  
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## Description

**This document addresses outpatient urine culture testing for bacteria.**

## Clinical Indications

### Medically Necessary:

**Outpatient urine culture testing for bacteria is considered medically necessary to evaluate any of the following situations:**

1. **Clinical signs or symptoms suggesting urinary tract infection (UTI); or**
2. **Abnormal urinalysis suggesting UTI; or**
3. **Asymptomatic bacteriuria in pregnant persons; or**
4. **Bacteriuria in individuals prior to undergoing an endoscopic urologic procedure; or**
5. **Suspected interstitial cystitis or bladder pain syndrome.**

### Not Medically Necessary:

**Outpatient urine culture testing for bacteria is considered not medically necessary when the above criteria are not met and for all other situations.**

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**Coding**

*The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**When services may be Medically Necessary when criteria are met:**

**CPT**

**87086**

**Culture, bacterial; quantitative colony count, urine**

**87088**

**Culture, bacterial; with isolation and presumptive identification of each isolate, urine**

**ICD-10 Diagnosis**

**A02.1**

**Salmonella sepsis**

**A02.25**

**Salmonella pyelonephritis**

**A18.11-A18.14**

**Tuberculosis of kidney/ureter/bladder/other urinary organs/prostate**

**A34**

**Obstetrical tetanus**

**A40.0-A40.9**

**Streptococcal sepsis**

**A41.01-A41.9**

**Sepsis due to Staphylococcus aureus**

**A42.7**

**Actinomycotic sepsis**

**A56.01-A56.02**

**Chlamydial cystitis and urethritis, Chlamydial vulvovaginitis**

**A56.11**

**Chlamydial female pelvic inflammatory disease**

**C61**

**Malignant neoplasm of prostate**

**C64.1-C68.9**

**Malignant neoplasms of urinary tract**

**D29.1**

**Benign neoplasm of prostate**

**D30.00-D30.9**

**Benign neoplasm of urinary organs**

**D40.0**

**Neoplasm of uncertain behavior of prostate**

**D41.00-D41.9**

**Neoplasm of uncertain behavior of urinary organs**

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## Outpatient Urine Culture

<u>D49.4-D49.59</u>	<u>Neoplasm of unspecified behavior of bladder/other genitourinary organs</u>
<u>D65</u>	<u>Disseminated intravascular coagulation [defibrination syndrome]</u>
<u>D70.0-D70.9</u>	<u>Neutropenia</u>
<u>D72.89</u>	<u>Other specified disorders of white cells</u>
<u>E08.21-E08.29</u>	<u>Diabetes mellitus due to underlying condition with kidney complications</u>
<u>E09.21-E09.29</u>	<u>Drug or chemical induced diabetes mellitus with kidney complications</u>
<u>E10.10-E10.11</u>	<u>Type 1 diabetes mellitus with ketoacidosis</u>
<u>E10.21-E10.29</u>	<u>Type 1 diabetes mellitus with kidney complications</u>
<u>E11.10-E11.11</u>	<u>Type 2 diabetes mellitus with ketoacidosis</u>
<u>E11.21-E11.29</u>	<u>Type 2 diabetes mellitus with kidney complications</u>
<u>E13.21-E13.29</u>	<u>Other specified diabetes mellitus with kidney complications</u>
<u>E87.20-E87.29</u>	<u>Acidosis</u>
<u>E87.4</u>	<u>Mixed disorder of acid-base balance</u>
<u>F45.8</u>	<u>Other somatoform disorders (related to urinary conditions)</u>
<u>G93.31-G93.39</u>	<u>Postviral and related fatigue syndromes</u>
<u>I50.814</u>	<u>Right heart failure due to left heart failure</u>
<u>I50.82</u>	<u>Biventricular heart failure</u>
<u>I50.84</u>	<u>End stage heart failure</u>
<u>I50.89</u>	<u>Other heart failure</u>
<u>I5A</u>	<u>Non-ischemic myocardial injury (non-traumatic)</u>
<u>J80</u>	<u>Acute respiratory distress syndrome</u>
<u>K72.00-K72.01</u>	<u>Acute and subacute hepatic failure</u>
<u>K76.2</u>	<u>Central hemorrhagic necrosis of liver</u>
<u>M04.1</u>	<u>Periodic fever syndromes</u>
<u>M32.14-M32.15</u>	<u>Glomerular disease/tubule-interstitial nephropathy in systemic lupus erythematosus</u>
<u>M35.04</u>	<u>Sjögren syndrome with tubulo-interstitial nephropathy</u>
<u>M35.0A</u>	<u>Sjögren syndrome with glomerular disease</u>
<u>M54.89-M54.9</u>	<u>Dorsalgia, other/unspecified</u>
<u>N00.0-N00.A</u>	<u>Acute nephritic syndrome</u>

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<u>N01.0-N01.A</u>	<u>Rapidly progressive nephritic syndrome</u>
<u>N05.0-N05.A</u>	<u>Unspecified nephritic syndrome</u>
<u>N06.0-N06.A</u>	<u>Isolated proteinuria with specified morphological lesion</u>
<u>N07.0-N07.A</u>	<u>Hereditary nephropathy, not elsewhere classified</u>
<u>N08</u>	<u>Glomerular disorders in diseases classified elsewhere</u>
<u>N10-N16</u>	<u>Renal tubulo-interstitial diseases</u>
<u>N17.1-N17.2</u>	<u>Acute kidney failure with acute cortical necrosis or medullary necrosis</u>
<u>N18.6</u>	<u>End stage renal disease</u>
<u>N20.0-N23</u>	<u>Urolithiasis</u>
<u>N28.0-N28.9</u>	<u>Other disorders of kidney and ureter, not elsewhere classified</u>
<u>N29</u>	<u>Other disorders of kidney and ureter in diseases classified elsewhere</u>
<u>N30.00-N30.91</u>	<u>Cystitis</u>
<u>N34.0-N34.3</u>	<u>Urethritis and urethral syndrome</u>
<u>N35.016</u>	<u>Post-traumatic urethral stricture, male, overlapping sites</u>
<u>N35.111-N35.12</u>	<u>Postinfective urethral stricture, not elsewhere classified (male or female)</u>
<u>N37</u>	<u>Urethral disorders in diseases classified elsewhere</u>
<u>N39.0-N39.498</u>	<u>Other disorders of urinary system</u>
<u>N40.0-N40.3</u>	<u>Benign prostatic hyperplasia</u>
<u>N41.0-N41.9</u>	<u>Inflammatory diseases of prostate</u>
<u>N42.0-N42.9</u>	<u>Other and unspecified disorders of prostate</u>
<u>N43.40-N43.42</u>	<u>Spermatocele of epididymis</u>
<u>N44.00-N44.8</u>	<u>Noninflammatory disorders of testis</u>
<u>N45.1-N45.4</u>	<u>Orchitis and epididymitis</u>
<u>N49.0-N49.9</u>	<u>Inflammatory disorders of male genital organs, not elsewhere classified</u>
<u>N50.0-N50.9</u>	<u>Other and unspecified disorders of male genital organs</u>
<u>N51</u>	<u>Disorders of male genital organs in diseases classified elsewhere</u>
<u>N53.11-N53.9</u>	<u>Other male sexual dysfunction</u>
<u>N70.01-N70.93</u>	<u>Salpingitis and oophoritis</u>
<u>N71.0-N74</u>	<u>Inflammatory disease of uterus, cervix, pelvis other and unspecified</u>
<u>N75.0-N75.9</u>	<u>Diseases of Bartholin's gland</u>

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<u>N76.0-N76.89</u>	<u>Other inflammation of vagina and vulva</u>
<u>N77.0-N77.1</u>	<u>Vulvovaginal ulceration and inflammation in diseases classified elsewhere</u>
<u>N82.0-N82.9</u>	<u>Fistulae involving female genital tract</u>
<u>N83.511-N83.53</u>	<u>Torsion of ovary and ovarian pedicle and fallopian tube</u>
<u>N99.115-N99.116</u>	<u>Postprocedural fossa navicularis urethral stricture or urethral stricture, male, overlapping sites</u>
<u>N99.523-N99.524</u>	<u>Herniation or stenosis of incontinent stoma of urinary tract</u>
<u>N99.533-N99.534</u>	<u>Herniation or stenosis of continent stoma of urinary tract</u>
<u>O08.0</u>	<u>Genital tract and pelvic infection following ectopic and molar pregnancy</u>
<u>O08.3</u>	<u>Shock following ectopic and molar pregnancy</u>
<u>O08.82-O08.83</u>	<u>Sepsis/urinary tract infection following ectopic and molar pregnancy</u>
<u>O09.00-O09.93</u>	<u>Supervision of high risk pregnancy</u>
<u>O10.011-O16.9</u>	<u>Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium</u>
<u>O23.00-O23.93</u>	<u>Infections of genitourinary tract in pregnancy</u>
<u>O24.011-O24.93</u>	<u>Diabetes mellitus in pregnancy, childbirth and the puerperium</u>
<u>O26.831-O26.839</u>	<u>Pregnancy related renal disease</u>
<u>O28.0-O28.9</u>	<u>Abnormal findings on antenatal screening of mother</u>
<u>O30.001-O30.93</u>	<u>Multiples gestation</u>
<u>O33.7XX0-O33.7XX9</u>	<u>Maternal care for disproportion due to other fetal deformities</u>
<u>O34.80-O34.93</u>	<u>Maternal care for other/unspecified abnormalities of pelvic organs</u>
<u>O36.8310-O36.8399</u>	<u>Maternal care for abnormalities of the fetal heart rate or rhythm</u>
<u>O44.20-O44.53</u>	<u>Partial placenta previa or low lying placenta NOS or without hemorrhage, or with hemorrhage</u>
<u>O85</u>	<u>Puerperal sepsis</u>
<u>O86.11-O86.89</u>	<u>Other infections of genital tract, urinary tract, and pyrexia following delivery, and puerperal infections</u>
<u>P36.0-P36.9</u>	<u>Bacterial sepsis of newborn</u>
<u>P39.3</u>	<u>Neonatal urinary tract infection</u>
<u>R00.0</u>	<u>Tachycardia, unspecified</u>

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<u>R10.0-R10.9</u>	<u>Abdominal and pelvic pain</u>
<u>R30.0-R36.9</u>	<u>Symptoms and signs involving the genitourinary system</u>
<u>R39.0-R39.9</u>	<u>Other and unspecified symptoms and signs involving the genitourinary system</u>
<u>R40.2410-R40.2444</u>	<u>Glasgow coma scale, total score</u>
<u>R40.4</u>	<u>Transient alteration of awareness</u>
<u>R41.0-R41.3</u>	<u>Disorientation, amnesia</u>
<u>R41.82</u>	<u>Altered mental status, unspecified</u>
<u>R41.9</u>	<u>Unspecified symptoms and signs involving cognitive functions and awareness</u>
<u>R45.84</u>	<u>Anhedonia</u>
<u>R45.88</u>	<u>Nonsuicidal self-harm</u>
<u>R50.2-R50.9</u>	<u>Fever of other and unknown origin</u>
<u>R52-R53.83</u>	<u>Pain, unspecified; malaise and fatigue</u>
<u>R57.0-R57.9</u>	<u>Shock, not elsewhere classified</u>
<u>R65.21</u>	<u>Severe sepsis with septic shock</u>
<u>R68.0</u>	<u>Hypothermia, not associated with low environmental temperature</u>
<u>R68.81</u>	<u>Early satiety</u>
<u>R68.83</u>	<u>Chills (without fever)</u>
<u>R68.89</u>	<u>Other general symptoms and signs</u>
<u>R73.03</u>	<u>Prediabetes</u>
<u>R78.81</u>	<u>Bacteremia</u>
<u>R80.0-R82.998</u>	<u>Abnormal findings on examination of urine, without diagnosis</u>
<u>T19.0XXA-T19.1XXS</u>	<u>Foreign body in urethra, bladder</u>
<u>T19.4XXA-T19.4XXS</u>	<u>Foreign body in penis</u>
<u>T83.011A-T83.012S</u>	<u>Breakdown (mechanical) of indwelling urethral catheter, nephrostomy catheter</u>
<u>T83.021A-T83.022S</u>	<u>Displacement of indwelling urethral catheter, nephrostomy catheter</u>
<u>T83.031A-T83.032S</u>	<u>Leakage of indwelling urethral catheter, nephrostomy catheter</u>
<u>T83.091A-T83.092S</u>	<u>Other mechanical complication of indwelling urethral catheter, nephrostomy catheter</u>
<u>T83.113A-T83.113S</u>	<u>Breakdown (mechanical) of other urinary stents</u>
<u>T83.123A-T83.123S</u>	<u>Displacement of other urinary stents</u>

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<u>T83.193A-T83.193S</u>	<u>Other mechanical complication of other urinary stent</u>
<u>T83.24XA-T83.25XS</u>	<u>Erosion of graft of urinary organ, exposure of graft of urinary organ</u>
<u>T83.510A-T83.518S</u>	<u>Infection and inflammatory reaction due to urinary catheter</u>
<u>T83.590A-T83.598S</u>	<u>Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system</u>
<u>T83.61XA-T83.69XS</u>	<u>Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract</u>
<u>T83.712A-T83.714S</u>	<u>Erosion of implanted urethral mesh, urethral bulking agent, ureteral bulking agent to surrounding organ or tissue</u>
<u>T83.719A-T83.719S</u>	<u>Erosion of other prosthetic materials to surrounding organ or tissue</u>
<u>T83.722A-T83.724S</u>	<u>Exposure of implanted urethral mesh or urethral bulking agent into urethra, ureteral bulking agent into ureter</u>
<u>T83.79XA-T83.79XS</u>	<u>Other specified complications due to other genitourinary prosthetic materials</u>
<u>Z05.0-Z05.9</u>	<u>Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out</u>
<u>Z19.1-Z19.2</u>	<u>Hormone sensitivity malignancy status</u>
<u>Z31.7</u>	<u>Encounter for precreative management and counseling for gestational carrier</u>
<u>Z34.00-Z34.93</u>	<u>Encounter for supervision of normal pregnancy</u>
<u>Z36.89</u>	<u>Encounter for other specified antenatal screening</u>
<u>Z43.5-Z43.6</u>	<u>Encounter for attention to cystostomy, other artificial openings of urinary tract</u>
<u>Z79.3</u>	<u>Long term (current) use of hormonal contraceptives</u>
<u>Z79.84</u>	<u>Long term (current) use of oral hypoglycemic drugs</u>
<u>Z79.891-Z79.899</u>	<u>Long term (current) use of opiate analgesic, other long term (current) drug therapy</u>
<u>Z84.82</u>	<u>Family history of sudden infant death syndrome</u>
<u>Z93.50-Z93.59</u>	<u>Cystostomy status</u>
<u>Z93.6</u>	<u>Other artificial openings of urinary tract status</u>

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## Outpatient Urine Culture

**For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.**

### **Discussion/General Information**

**A urine culture is a laboratory test done on a urine sample to check for germs in the urinary tract to find the cause of a presumed UTI. A urine sample can be obtained by a clean catch using a special kit to collect the urine or by insertion of a catheter through the urethra into the bladder. The urine sample is sent to a laboratory to see if there is bacteria or yeast present.**

**The presence of germs or bacteria in the urine can lead to a UTI. A UTI can occur in any part of the urinary system including the kidneys, ureters, bladder, and urethra. Clinical symptoms of a UTI can include dysuria, nocturia, frequent urination, feeling the need to urinate despite having an empty bladder, hematuria, pressure or cramping in the lower abdomen or groin, fever, chills, lower back pain, and nausea or vomiting.**

**The American Urological Association 2020 guideline for microhematuria recommends those suspected of having a UTI undergo a urine culture.**

**Another laboratory test done on a urine sample is a urinalysis. Oftentimes a urinalysis is done prior to a urine culture. With a urinalysis, a urine sample is analyzed visually, with a dipstick, and microscopically. Urinalysis results are typically quicker than urine culture. If urinalysis results are abnormal, a urine culture may be the next step. Examples of abnormal microscopic urinalysis findings include microscopic hematuria, pyuria, or bacteriuria. Examples of abnormal biochemical urinalysis findings include positive leukocyte esterase, presence of nitrites, and proteinuria.**

**Inappropriate antimicrobial use leads to the risk of antimicrobial resistance. It is important to treat known bacterial infections appropriately. However, not all those who have bacteria in their urine have symptoms. Most asymptomatic individuals would not require urine screenings. The Infectious Diseases Society of America (2019) published their guideline on Management of Asymptomatic Bacteriuria. They give a strong recommendation to screen pregnant persons with urine culture early in pregnancy, even if the pregnant**

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## Outpatient Urine Culture

person does not have any signs or symptoms of bacteriuria. There may be a reduced risk of preterm labor, low birth weight, and pyelonephritis after treatment with antimicrobials. The U.S. Preventive Services Task Force (USPSTF) also issued recommendations in 2019. They recommend using urine culture to screen for asymptomatic bacteriuria in pregnant persons (Grade B recommendation).

There may be other instances when urine cultures are done for asymptomatic bacteriuria and treatment is given prophylactically. Sepsis is a potentially serious postoperative complication from endoscopic urologic procedures. Examples include cystoscopy, ureteroscopy, and lithotripsy. For individuals who have bacteriuria, these procedures are in a highly contaminated surgical field. Screening using urine culture and treatment for asymptomatic bacteriuria prior to surgery is strongly recommended by the Infectious Diseases Society of America 2019 guideline on Management of Asymptomatic Bacteriuria.

A 2022 guideline issued by the American Urological Association for the Diagnosis and Treatment of Interstitial Cystitis/Bladder Pain Syndrome (Clemens, 2022) defines interstitial cystitis/bladder pain syndrome as:

An unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than six weeks duration, in the absence of infection or other identifiable causes.

The hallmark symptom of interstitial cystitis or bladder pain syndrome is pain. The pain can be in the suprapubic region, throughout the pelvis, and in the lower abdomen and back. Symptoms may also include urinary urgency or frequency and diagnosis can be challenging. The 2022 guideline by the American Urological Association for the Diagnosis and Treatment of Interstitial Cystitis/Bladder Pain Syndrome recommends urine culture even in those individuals who have a negative urinalysis. This is to assist in the detection of lower levels of bacteria which may be present in the urine but not identifiable with a urinalysis (dipstick or microscopic exam). Another 2022 guideline issued by the European Association of Urology on Chronic Pelvic Pain also recommends urine culture for those suspected of having bladder pain syndrome.

### Definitions

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**Bacteriuria: The presence of bacteria in the urine.**

**Dysuria: Pain or burning while urinating.**

**Hematuria: Blood in the urine.**

**Leukocyte Esterase: A chemical assay to look for the presence of lysed or intact white blood cells in the urine.**

**Microscopic hematuria: Blood in the urine which is only visible by a microscope.**

**Nitrites: When bacteria in the urine changes a normal chemical called nitrates into another chemical.**

**Nocturia: Waking up during the night to urinate.**

**Proteinuria: The presence of a high level of protein in the urine.**

**Pyuria: The presence of white blood cells in the urine.**

**Urinary Tract Infection: Refers to an infection of any part of the urinary system (kidneys, ureters, bladder, urethra).**

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### **Peer Reviewed Publications:**

1. **Simerville JA, Macted WC, Pahira JJ. Urinalysis: a comprehensive review. Am Fam Physician. 2005; 71(6):1153-1162.**

### **Government Agency, Medical Society, and Other Authoritative Publications:**

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## Outpatient Urine Culture

1. **Barocas DA, Boorjian SA, Alvarez RD, et al. Microhematuria: AUA/SUFU Guideline. The Journal of urology. 2020; 204(4):778-786.**
2. **Clemens JQ, Erickson DR, Varela NP et al. Diagnosis and treatment of interstitial cystitis/bladder pain syndrome. J Urol. 2022; 208(1):34-42.**
3. **European Association of Urology. Guideline on Chronic Pelvic Pain, 2022. Available at: [https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Chronic-Pelvic-Pain-2022\\_2022-03-29-084111\\_kpbq.pdf](https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Chronic-Pelvic-Pain-2022_2022-03-29-084111_kpbq.pdf). Accessed on September 2, 2022.**
4. **Nicolle LE, Gupta K, Bradley SF, et al. Clinical practice guideline for the management of asymptomatic bacteriuria: 2019 update by the Infectious Diseases Society of America. Clin Infect Dis. 2019; 68(10):e83-e110.**
5. **U.S. Preventive Services Task Force (USPSTF). Asymptomatic bacteriuria in adults: screening. 2019. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/asymptomatic-bacteriuria-in-adults-screening>. Accessed on September 1, 2022.**

### Websites for Additional Information

1. **National Institute of Diabetes and Digestive and Kidney Diseases. Bladder Infection (Urinary Tract Infection – UTI) in Adults. Available at: <https://www.niddk.nih.gov/health-information/urologic-diseases/bladder-infection-uti-in-adults>. Accessed on August 31, 2022.**

### Index

### Urine culture

### History

<u>Status</u>	<u>Date</u>	<u>Action</u>
New	11/10/2022	Medical Policy & Technology Assessment Committee (MPTAC) review. Initial document development.

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